

12/11/01

J1031 U.S. PTO

12-07-01

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**UTILITY
PATENT APPLICATION
TRANSMITTAL***Only for new nonprovisional applications under
37 C.F.R. § 1.53(b)*

Attorney Docket No.

A-7312

First Inventor or Application No.

RODRIGUEZ ET AL.

Title

**TIME-ADAPTIVE CONTROL OF TELEVISION
VIEWING FUNCTIONALITY**

Express Mail Label No.

EV038882000US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. ☒ Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and duplicate for fee processing)
[Total Pages 83]
2. ☒ Specification

3. ☒ Drawings (35 U.S.C. § 113) [Total Sheets 41]
[Total Pages 4]
4. Oath or Declaration
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
- i. ☐ **DELETION OF INVENTORS**
Signed statement attached deleting inventor(s)
named in the prior application, see
37 C.F.R. §§ 1.63(d)(2) and 1.33(b)

16. ☐ If a **CONTINUING APPLICATION**, check appropriate box, and supply the information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No:
Prior application information: Examiner: Group Art Unit:

17. CORRESPONDENCE ADDRESS☒ Customer Number or Bar Codeor ☐ Correspondence address below

Name	05642		
Address	PATENT TRADEMARK OFFICE		
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/type)	KELLY A. GARDNER	Registration No. (Attorney/Agent)	35,147
Signature	<i>Kelly A. Gardner</i>	Date	DECEMBER 11, 2001

Docket No.: A-7312

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: RODRIGUEZ ET AL.
DOCKET NO.: A-7312
TITLE: TIME-ADAPTIVE CONTROL OF TELEVISION VIEWING
FUNCTIONALITY

DECEMBER 11, 2001

FEE TRANSMITTAL FORM

Box PATENT APPLICATION
Commissioner for Patents
P. O. Box 2327
Arlington, VA 22202

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	6	3	3	\$ 84.00	\$252.00
Total Claims	208	20	188	\$ 18.00	\$3,384.00
Multiple Dependent Claims				\$280.00	\$000.00
Basic Filing Fee				\$740.00	\$740.00
Total Filing Fee					\$4,376.00

One duplicate original of this sheet is enclosed.

SEND CORRESPONDENCE TO:

Scientific-Atlanta, Inc.
Intellectual Property Dept. MS 4.3.518
5030 Sugarloaf Parkway
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By:

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Certificate of Mailing

EXPRESS MAIL NO.: EV038882000US

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as EXPRESS MAIL in an envelope addressed to:

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Arlington, VA 22202

on DECEMBER 11, 2001.

Maryellen Licker
Maryellen Licker